PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	unknown
Filing Date	unknown
First Named Inventor	NEWSOME, Matthew J.
Title	SYSTEM FOR RAPIDLY DISPENSING AND ACCING VALUE TO FARE CARDS
Group Art Unit	unknown
Examiner Name	unknown
Attorney Docket Number	2322-0483CP

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Place Customer Number across Place Customer Number across Prim or Number far Code Label here Individual Name Address Address Address Address Address Address I am the: Applicant/Inventor. V Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96). SIGNATURE of Applicant or Assignee of Record Name William L. Hoese Applicant Counsel, Cubic Corporation Signature Assignee of frecord of the entire interest or their representative(e) are required. Submit multiple forms it more than one signature is required, see below.	I hereby appoint: Practitioners at 0 OR Practitioner(s) na	Customer Number 27111	Label here									
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number. Place Customer Number Bar Code Label here Place Customer Number Bar Code Label here City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96). Signature Name William L. Hoese, Assistant General Councel, Cubic Corporation Signature Date NoTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms it more than one signature is required, see below.	[] (racumoner(s) in		PATENT, HADEWARK OFFICE									
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Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96). SIGNATURE of Applicant or Assignee of Record Name William L. Hoese, Assistant General Counsel, Cubic Corporation Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			mate Zip									
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Signature Date 7/2/03 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		SIGNATURE of Applicant or Assigne	e of Record									
Date 7/2/03 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Name W	Illam L. Hoese, Assistant General	Counsel, Cubic Corporation									
Date 7/2/03 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Signature	ENT - ASSIST	SECRETARY CUBIC COLP.									
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		- la (land)										
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Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will very depending upon the needs of the Individual case. Any comments on the omeunt of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademerk Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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U.S.Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no parsons are required to respond to a collection of information unless it displays a valid DMB control mumber. STATEMENT UNDER 37 CFR 3.73(b) Applicant/Patent Owner: CUBIC CORPORATION Filed/issue Date: October 20, 2000 Application No./Patent No.: 09/693,386 Entitled: SYSTEM FOR RAPIDLY DISPENSING AND ADDING VALUE TO FARE CARDS CUBIC CORPORATION , a corporation (Name of Assignce) (Type of Assignate, e.g., corporation, partnership, university, government agency, etc.) states that it is: 1. It the assignee of the entire right, title, and interest; or 2. an assignee of less than the entire right, title and interest. The extent (by, percentage) of its ownership interest is in the patent application/patent identified above by virtue of either: A. [/] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 012078, Frame 0038, or for which a copy thereof is attached. .: OR B. [] A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below: 1. From:____ To: -----The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame_____, or for which a copy thereof is attached. ___To:, The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame_____, or for which a copy thereof is attached. 3. From: _To:_ The document was recorded in the United States Patent and Trademark Office at Reel ______, or for which a copy thereof is attached. Additional documents in the chain of title are listed on a supplemental sheet. [] Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

7-21-03 Date

recorded in the records of the USPTO. See MPEP 302.08]

William L.: Hoose SCOTT 1. JONES Typed or printed name

neral Counsel, Cubic Corporation

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Attorney Docket 2322-0483														
DECLARATION FO														
UTILITY OR DESIG														
PATENT APPLICAT	TION	Application	Number	09/693,3	86			-						
		Filing Date		остов	ER 20,	2000								
Declaration X Declar Submitted with														
	Filing	Examiner N	lame	UNKNO	WN									
As a below named Inventor, I hereby declare that:														
My residence, post office address, and citizenship are as stated below next to my name.														
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:														
	SYSTEM FOR	R RAPIDLY DIS	PENSING AND	ADDING VA	LUE TO	FARE CARDS	3							
			(Title of the Inv	rention)										
the specification of which	* *		,											
is attached hereto										1				
OR					•									
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Application Number	09/693,386	and v	was amended or	n (MM/DD/Y)	M)			(if applica	able.)					
I hereby state that I have rev amendment specifically refer		lerstand the co	ntents of the abo	ove identified	l specifi	cation, including	the daim	s, as amer	ided by a	any				
I acknowledge the duty to di	sclose informat	tion which is ma	aterial to patenta	bility as defi	ned in T	itle 37 Code of	Federal Re	egulations,	§1.56.					
I hereby claim foreign priority certificate, or §365(a) of any below and have also identific application having a filing da	PCT internation of below, by characters and below, by characters are properly and the properly and the properly are properly and the properly are properly and the properly are properly are properly and the properly are properl	nal application necking the box	which designate , any foreign ap	ed at least or plication for p	e count patent o	ry other than th	e United S	tates of Ar	nerica, li	sted				
Prior Foreign Application Numbers	Country		Foreign Filing (MM/DD/YYY)			Priority t Claimed	Certified YE	Copy Attac	hed? NO					
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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:														
I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.														
Application Number(s) 60/160,681		Date (MM/DD/ /1999	<u>~~~</u> ,	¬					-	İ				
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supplemental priority data sheet PTO/SB/02B attached hereto														

[DECBCUBI00.105]

(Page 1 of 5)

DECLARATION - Utility or Design Patent Application													
I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior Unite d States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.													
U.S. Patent Appli Number	ication		Parent F (MM/DD	iling Date	arent Pa if applic	Patent Number icable)							
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.												•	
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Registered practitioner(s) name/registration number listed below:													
Name			Registr	ration Num	iber	Name					Regis	tration Numb	ber
NEIL F. MARTIN JOHN L. HALLER JAMES W. MCCLAIN	,		23,088 27,795 24,536				R M. MUSICK IN L. CONNE				35,623 45,34		
Direct all correspond	Direct all correspondence to:												
Attorney Name	Attorney Name ELEANOR M. MUSICK Reg. No. 35,623												
Address	BROWN, MAR	ITIN, H	ALLER &	& McCLA	IN, LLP								
Address	1660 UNION S	TREE	Т						-				
City	SAN DIEGO	Sta	te		CALIF	ORNIA			ZIP	92101			
Country	USA	Tele	ephone		(619)	238-0999 Fax					(619)	238-0062	
I hereby declare that believed to be true; as punishable by fine or jeopardize the validity	nd further that the	ese stat	tements v	were made	e with the	knowledge i	that willful fal	lse state	ements an	nd the like	e so ma	ade are	ıy.
NAME OF SOLE OR						filed for this	unsigned inv	ventor					
Given Name (first an	nd middle [if any	D				Last Name	e .						
Matthew J.						Newsome							
Inventor's Signature	Water		Tore			Date 914 00							
Residence: City	San Diego	0	7	State	CA	Country	USA		Citizen	ship	Uni	ited States	
Post Office Address	13564 Linda	mere L	ane	· · · · ·									
Post Office Address													
City	San Diego			State	CA		Zip	92128	3	Coun	try	USA	
NAME OF SECOND	INVENTOR:	\Box		petition	has been	filed for thi	is unsigned i	inventor	r				
Given Name (first an	id middle [if any]	D,				Last Name	е						
Graham H.	TH	1				Hilton		•	. 1				
Inventor's Signature	(D)	H.		-		Date		1 0	र्गाया	∞			
Residence: City	San Diego	<u> </u>		State	CA	Country	USA		Citizen	ıship	Uni	ited States	
Post Office Address	6453 Wande	mere	Drive						<u> </u>				
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City	San Diego			State	CA		Zip	92120	j	Coun	try	USA	
Additional Inve	entors are being	named	1 n the	suppleme	ntal Add	tional Inver	ntor(s) sheef	(s) PTC)/SB/02/	attache	ed here	eto.	

PTO/SB/02A (3-97)
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 5

Name of Additional Joint Inventor, if any:													
Given Name (first and middle [if any])						Family Name or Surname							
Paula M.			•		Miller								
Inventor's Signature	Daulan	2.M	elle	L			Date	9/13/2000			000		
Residence: City	San Diego		State	CA	Country	USA		Ci	tizenship	Uni	ted States		
Post Office Address	13004 Via Caballo F	Rojo											
Post Office Address													
City	San Diego		State	CA		Zip	92129)	Countr	у	USA		
Name of Additional Joint Inventor, if any:						been filed for this unsigned inventor							
Given	Name (first and middle	[if any))		Family Name or Surname								
Jesse)			Shackleford								
Inventor's Signature	Jesse I Sh	ack	lefore	l	Date 9/10			9/14/2000					
Residence: City	San Diego		State	CA	Country	USA C			Citizenship United States		ted States		
Post Office Address	6460 Convoy Court	#309											
Post Office Address													
City	San Diego		State	CA		Zip	92117		Country		USA		
Name of Additional Jo	int inventor, if any:		A peti	tion has I	s been filed for this unsigned inventor								
Given I	vame (first and middle	(if any))		Family Name or Surname								
Chad S.					Sanfilippo								
Inventor's Signature	clad Se.	Fi	liga	*		÷	Date		9/13	3/00	2		
Residence: City	Ramona State CA				Country	ountry USA Citiz			itizenship United States				
Post Office Address	24943 Satusuma Court												
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City	Ramona		State	CA	Zip 92065 Count				Country		USA		

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 4 of 5

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Name of Additional Jo			<u>J</u>	ion has b	een filed for	this unsigned						
Given Name (first and middle [if any])					Family Name or Surname							
Mark					Varney							
Inventor's Signature	Maybhe	Sue	y.	-			Date					
Residence: City	West Sussex	0	State		Country	United King	jdom	Cit	izenship	u	k	
Post Office Address	31 Leeds Close											
Post Office Address	Southwater, Horsha	Southwater, Horsham										
City	West Sussex		State			Zip	RH13	7XN	Count	ry	UK	
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor												
Given	Name (first and middle	[if any])		Family Name or Surname							
Andrew					Parker							
Inventor's Signature					Date.							
Residence: City	Hertfordshire		State		Country	United Kingdom			Citizenship UK			
Post Office Address	19 Valley Road											
Post Office Address	Welwyn Garden Cit	y										
City	Hertfordshire		State			Zip	AL8 7OH		Country		OK	
Name of Additional Jo	oint Inventor, if any:		A peti	tion has	been filed fo	or this unsign	ed inve	ntor				
Given I	Name (first and middle	e [if any])		Family Name or Surname							
Kevin					Bryant							
Inventor's Signature	entor's Signature KMB+						Date					
Residence: City	Surrey		State		Country	United Kingdom Citi		Citizen	tizenship UK			
Post Office Address	102 Cottimore Lane											
Post Office Address	Walton on Thames	Walton on Thames										
City	Surrey		State			Zip	KT 12	2BN	Countr	у	UK	

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 5 of 5

Name of Additional Jo	Int Inventor, if any:		A petit	ion has b	een filed for	this unsigned	invento	r 			
Given N	Family Name or Surname										
Gavin					Ford						
Inventor's Signature	C(1+						Date			-	
Residence: City	Surrey		State		Country	United King	gdom	Ci	tizenship	ı	JK
Post Office Address	125 Connaught Road										
Post Office Address	st Office Address Woking										
City	Surrey		State			Zip	GU24	0EU	Countr	y	UK
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor											
Given I	Name (first and middle	[if any])		Family Name or Surname						
Inventor's Signature					Date						
Residence: City			State		Country	C			Citizenship		
Post Office Address											
Post Office Address											
City			State			Zip			Country		
Name of Additional Jo	oint Inventor, if any:		A peti	tion has	been filed fo	or this unsign	ed inve	ntor		-	
Given I	Name (first and middle	e [if any])		Family Name or Surname						
Inventor's Signature							Date				
Residence: City	State				Country Citizenship						
Post Office Address											
Post Office Address											
City			State			Zip			Country	,	